

UNITED STATES DISTRICT COURT
for the
Southern District of New York

SUSAN WALLACH,

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Plaintiff(s)

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PARTNERS HEALTH PLAN, INC.,
CARE DESIGN NY, LLC, and LISA REESE

Civil Action No.

v.

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Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) PARTNERS HEALTH PLAN, INC. 2500 Halsey Street, Bronx NY 10461

CARE DESIGN NY, LLC 8 Southwoods Blvd., Suite 110, Albany, NY 12211

LISA REESE 8 Southwoods Blvd., Suite 110, Albany, NY 12211

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Law Offices of William Cafaro
108 West 39th Street, Suite 602
New York, NY 10018
(212) 583-7400

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

s/ G. Pisarczyk

Date: 7/27/2022



Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

- I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or
- I left the summons at the individual's residence or usual place of abode with *(name)* _____,
a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or
- I returned the summons unexecuted because _____; or
- Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: